

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13		2		2		2
14		2		2		2
15		2		2		2
16		2		2		2
17		2		2		2
18		1		1		1
19		1		1		1
20		1		1		1
21		1		1		1
22		2		2		2
23		2		2		2
24		2		2		2
25		2		2		2
26		2		2		2
27		2		2		2
28		2		2		2
29		2		2		2
30						
31						
32		2		2		2
33	1		1		1	
34		1		2		2
35		1		2		2
36		1		2		2
37	1		1		1	
38		1		1		1
39						
40		3		3		3
41		3		3		3
42	1		1		1	
43	1		1		1	
44		2		2		2
45		2		2		2
46	1		1		1	
47		1		1		1
48	1		1		1	
49		1		1		1
50		1		1		1
TOTAL IND.	9		8		8	
TOTAL DEP.		58+3		58		58
TOTAL CLAIMS	9		83		66	

	*		*		* Amended	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1		1	
52			1		1	
53			1		1	
54			1		1	
55			1		1	
56			1		1	
57			1		1	
58			1		1	
59			1		1	
60			1		1	
61			1		1	
62			1		1	
63			1		1	
64			1		1	
65			1		1	
66			1		1	
67			1		1	
68			1		1	
69			1		1	
70			1		1	
71			1		1	
72			1		1	
73			1		1	
74			1		1	
75			1		1	
76			1		1	
77			1		1	
78			1		1	
79			1		1	
80			1		1	
81			1		1	
82			1		1	
83			1		1	
84			1		1	
85			1		1	
86			1		1	
87			1		1	
88			1		1	
89			1		1	
90			1		1	
91			1		1	
92			1		1	
93			1		1	
94			1		1	
95			1		1	
96			1		1	
97			1		1	
98			1		1	
99			1		1	
100			1		1	
TOTAL IND.			14		16	
TOTAL DEP.			3		3	
TOTAL CLAIMS			17		19	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS